

## LEON COUNTY INDIGENT BURIAL APPLICATION

### Applicant's Information (Next of Kin/Informant)

Name of the Applicant \_\_\_\_\_ Application Date \_\_\_\_\_  
Address of Applicant \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

### Deceased Information

Name of Deceased \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_  
Address \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_  
Date and Time of Death \_\_\_\_\_ Location of Death \_\_\_\_\_  
Location of Remains \_\_\_\_\_  
Physician \_\_\_\_\_ Cause of Death \_\_\_\_\_  
Length of Residency \_\_\_\_\_ Occupation/Employer \_\_\_\_\_  
Highest Education \_\_\_\_\_ Veteran of War? \_\_\_\_\_ Branch of Service \_\_\_\_\_  
Marital Status \_\_\_\_\_ If Married, Spouse Name \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Father's Employer/Occupation \_\_\_\_\_  
Mother's Employer/Occupation \_\_\_\_\_

### The following financial information is used to determine if the County can intercept:

#### Deceased

Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Any Bank Accounts - *yes or no* Account Balance \$ \_\_\_\_\_ (include copies of two months of bank statements)  
Name and Location of Bank \_\_\_\_\_  
If in a nursing home, how much in Medicaid does deceased have in personal spending account \$ \_\_\_\_\_

#### Applicant

Monthly Income \_\_\_\_\_ Source of Income \_\_\_\_\_  
Any Bank Accounts - *yes or no* Account Balance \$ \_\_\_\_\_ (include copies of two months of bank statements)  
Name and Location of Bank \_\_\_\_\_  
If in a nursing home, how much in Medicaid does deceased have in personal spending account \$ \_\_\_\_\_

### Eligibility Criteria (circle yes or no)

- |  |                   |                  |  |
|--|-------------------|------------------|--|
| 1. Receiving Veteran's Benefits                | <i>yes</i>        | <i>no</i>        | (if yes, refer to funeral home)              |
| 2. Victim of a Crime                           | <i>yes</i>        | <i>no</i>        | (if yes, refer to Attorney General's Office) |
| 3. Leon County Resident                        | <i>yes</i>        | <i>no</i>        |  |
| 4. Is a 14 day waiting period required         | <i>yes</i>        | <u><b>no</b></u> |  |
| 5. Burial authorized by State Anatomical Board | <u><b>yes</b></u> | <i>no</i>        |  |
| 6. Any Life Insurance                          | <i>yes</i>        | <i>no</i>        |  |

Additional Information: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_

County Staff Only:

Funeral Home Provider:

Type of Assistance Requested:

☐ **Culley's**

☐ **Burial** ☐ **Cremation**

Disposition: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_